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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**      (\$)635.00

### *Complete if Known*

Application Number	10/724,194-Conf. #1338
Filing Date	December 1, 2003
First Named Inventor	John Fitzgerald KOKAI-KUN
Examiner Name	V. A. Portner
Art Unit	1645
Attorney Docket No.	SYNI-007RCE2

### METHOD OF PAYMENT (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 12-0080    Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>
50	25
210	105
370	185

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
27	- 44 =	x	=	<b>Fee (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
1	- 5 =	x	=

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/50 =	(round up to a whole number) x	=	<b>Fees Paid (\$)</b>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...      405.00  
2252 Extension for response within second month      230.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	60,791	Telephone	(617) 994-0761
Name (Print/Type)	Alissa H. Faris, Esq.	Date	December 19, 2007		

Docket No.: **SYNI-007RCE2**  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re Patent Application of:  
John Fitzgerald Kokai-Kun *et al.*

Application No.: 10/724,194

Confirmation No.: 1338

Filed: December 1, 2003

Art Unit: 1645

For: WALL TEICHOIC ACID AS A TARGET FOR  
ANTI-STAPHYLOCOCCAL THERAPIES  
AND VACCINES

Examiner: V. A. Portner

**REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

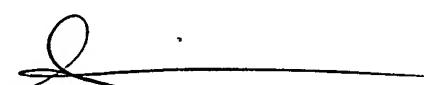
The Attorney Docket Number of the above-identified patent application has changed.  
Please take notice that the Attorney Docket Number for this application should now be as follows:

**SYNI-007RCE2**

Please reference **SYNI-007RCE2** on all future correspondence.

Dated: December 19, 2007

Respectfully submitted,

By \_\_\_\_\_  
  
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